

## Vendor's Offer

**“Return this Section with your Response”**


Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned “Vendor’s Offer”, late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name:	<u>Border States Industries, Inc.</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>5519 E Washington St</u>		
City, State, Zip:	<u>Phoenix, AZ 85034</u>		
Contact Person:	<u>Rick Carroll</u>	Phone Number:	<u>(602) 797-4715</u>
E-mail Address:	<u>rcarroll@borderstates.com</u>	Cell Number:	<u>(480) 862-0302</u>
 <u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Border States Electric Supply</u>		
Company Payment Remit To Address :			
Street Address:	<u>PO Box 52516</u>		
City, State, Zip:	<u>Phoenix, AZ 85072-2516</u>		
 <u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____			
 <u>Payment Options</u>			
Will your company accept the City's Master Card for payment?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### THIS PROPOSAL IS OFFERED BY

#### REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

  
\_\_\_\_\_  
Signature of Authorized Offeror

12-14-15  
\_\_\_\_\_  
Date

Jim McFadden  
\_\_\_\_\_  
Print or Type Name of Authorized Individual

Branch Manager  
\_\_\_\_\_  
Title of Authorized Individual

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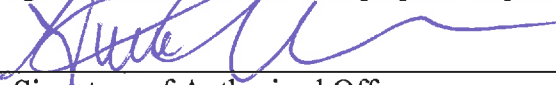
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Company Name: <u>Capital Electric Supply</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>2405 W Geneva</u>	
City, State, Zip: <u>Tempe AZ 85282</u>	
Contact Person: <u>Jim Dunn</u>	Phone Number: <u>480-968-9341</u>
E-mail Address: <u>jdunn@capitaltempe.com</u>	Cell Number: <u>602-680-0896</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>CED - Phoenix</u>	
Company Payment Remit To Address :	
Street Address: <u>P. O. Box 15367</u>	
City, State, Zip: <u>Scottsdale, AZ 85267</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>64359</u>
<u>Payment Options</u>	
Will your company accept the City's Master Card for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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	<u>11/14/2015</u>
Signature of Authorized Offeror	Date
<u>Steve Mann</u>	<u>Manager</u>
Print or Type Name of Authorized Individual	Title of Authorized Individual

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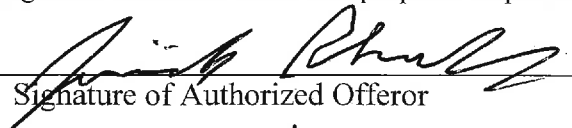
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Company Name:	SUMMIT ELECTRIC SUPPLY		
Company Purchase Order Mailing Address:			
Street Address:	205 South 29 <sup>th</sup> Street		
City, State, Zip:	Phoenix, AZ 85034		
Contact Person:	Jerimiah Rhoden	Phone Number:	602-267-1000 EXT 4228
E-mail Address:	Jerimiah.rhoden@summit.com	Cell Number:	602-980-3852
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	SUMMIT ELECTRIC SUPPLY		
Company Payment Remit To Address :			
Street Address:	PO BOX 848345		
City, State, Zip:	Dallas, TX 75284		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	N/A		
<u>Payment Options</u>			
Will your company accept the City's Master Card for payment?	***Not for AR***	Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?		Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>

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 Signature of Authorized Offeror	<u>12/16/17</u> Date
<u>Jerimiah Rhoden</u> Print or Type Name of Authorized Individual	<u>Account Manager</u> Title of Authorized Individual

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Company Name: WESCO Distribution

Company Purchase Order Mailing Address:

Street Address: 3425 E. Van Buren St. Suite 140

City, State, Zip: Phoenix, AZ 85008

Contact Person: Kristen Stone Phone Number: 480-233-5545

E-mail Address: kstone@wesco.com Cell Number: 480-233-5545

Remit To Information

Company Name (as it appears on invoice): WESCO Distribution, Inc.

Company Payment Remit To Address :

Street Address: 3425 E. Van Buren St. Suite 140

City, State, Zip: Phoenix, AZ 85008

Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: n/a

Payment Options

Will your company accept the City's Master Card for payment? Yes ☒ No ☐

Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes ☒ No ☐

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Signature of Authorized Offeror

12/16/2015  
Date

Tim Wheaton  
Print or Type Name of Authorized Individual

District Sales Manager  
Title of Authorized Individual